TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
and the
TDMHDD PLANNING & POLICY COUNCIL
FY 2005 Joint Annual Report
July 1, 2004 – June 30, 2005

TDMHDD SERVICES, PROGRAMS AND FACILITIES

The Tennessee Department of Mental Health and Developmental Disabilities (DMHDD) serves as the state's mental health and developmental disabilities authority and is charged with planning for and promoting an array of services from prevention and early intervention to resiliency and recovery. As part of this responsibility, the Department operates five regional mental health institutes, contracts with mental health agencies across the state to offer community services, and provides policy, programmatic and quality oversight to the TennCare Partners Program through a contractual arrangement with the TennCare Bureau.

In September 2004, DMHDD was reorganized in order to focus on priority issues and enhance our ability to assure quality, accountable, and timely outcomes; increase efficiency and effectiveness; improve communication; and maximize the resources of the department to address consumer needs. The reorganization better reflected our specific programmatic areas rather than a generalized mental health services division. Specifically, the Offices of Recovery Services, Special Populations, Clinical Leadership, and Managed Care were created. Recovery Services focuses on providing services to adults including support, employment, transportation, and housing, while the Office of Special Populations provides services to children, older adults, persons with co-occurring illness and other specific groups. In addition, the reorganization provided more focus to our Office of Clinical Leadership including oversight to RMHI professional staffs such as medicine, nursing, pharmacy and social work.

This year has presented DMHDD with a number of challenges and the Department has worked diligently to ensure that, despite those challenges, quality mental health services are provided to Tennesseans. The reduction in the number of persons covered under the TennCare waiver was expanded to result in approximately 21,000 persons with Serious and Persistent Mental Illness (SPMI) being scheduled for disenrollment. DMHDD received $11.5 million in appropriations to address core mental health service needs for those persons with mental illness being disenrolled from TennCare and $33.4 million for medications. TDMHDD developed operating plans to successfully use the funds appropriated to create the Mental Health Safety Net program by working with Planning Councils, the Tennessee Association of Mental Health Organizations (TAMHO), and consumer advocates to identify the most essential service package that will meet the needs of these individuals within the resources available.

In FY 2005, gains were made in housing with nearly 4,300 new units acquired and over $93,000,000 leveraged for development. A Creating Jobs Initiative was begun. BRIDGES, a consumer-led illness management and recovery curriculum, trained additional teachers and offered classes at a number of Peer Support Centers across the state. An Older Adult Treatment Services grant was obtained to target adults ages 55 and over in the Greater Nashville area who have problems with substance abuse. Policy and salary classifications have

been changed to promote hiring and retention of qualified staff. Other administrative needs were successfully accomplished: four chapters of mental health law rules, forms and a manual were completed; a cultural competency curriculum was completed.

The 2005 Community Mental Health Services (CMHS) Block Grant Allocation totaled $8,137,479. DMHDD utilized 95% ($7,730,700) of its Block Grant funding for the provision of non-clinically related mental health services for adults with serious mental illness (SMI). Services are designed to reduce the use of hospitalization, promote cultural competency, and build a reliable community support service system that emphasizes empowerment, recovery, and community reintegration for individuals and families. Five percent of the Block Grant ($406,779) is used for the Mental Health Planning and Policy Council and administrative support.

Adult Services and Programs

Service needs for adults were identified in the annual needs assessment process as additional alternatives to hospitalization, expansion of services to adults involved with the criminal justice system, and promotion of recovery-oriented services, including transportation, employment and housing. Accomplishments in the adult service system during FY05 include expansion of housing initiatives, a creating jobs initiative, expanded criminal justice liaison projects, and continued programming and planning initiatives for older adult needs and culturally competent services.

To address federally mandated performance indicators, TDMHDD tracks data on increased access to services, reduced utilization of psychiatric inpatient beds, evidence-based practices, and client perception of care. In FY 05:

- 139,809 adults received behavioral health services through the TennCare Partners Program, an increase of 13,559 from FY 04.
- 91,728 persons with SMI were served, an increase from 81,877 in FY 04.
- 14.6% of (unduplicated) adults with SMI receiving a TennCare Partners service were admitted to acute inpatient care, a decrease from 16.5% in FY 04.
- there was a 16% rate for readmission to psychiatric inpatient hospitals within 30 days of discharge. This reflected no change from FY 04.
- there was a 33% readmission rate within 180 days of discharge, a decrease from 36.5% in FY 04.
- 81% of consumers completing the Adult Outpatient Consumer Survey reported positively about service outcomes. This represents an increase in satisfaction from 67% in FY 04.
- approximately 29,715 service recipients received a SAMHSA identified evidenced-based practice.

(Note: Additional performance indicators can be found in the "Implementation Report of Mental Health Services in Tennessee for Adults and Children and Youth for the 2005 Community Mental Health Services Block Grant, July 1, 2004 – June 30, 2005".)

The 2005 CMHS Block Grant for adult services, age eighteen (18) and above, was allocated to fourteen (14) private not-for-profit Community Mental Health Centers (CMHCs) and five (5) other community entities across the State. The Block Grant, as well as other federal and interdepartmental funding, was awarded to agencies by a basic grant. Services were targeted to maintain a reliable support and recovery service system for adults, provide services to older

adults, assist consumers in developing skills for independent living, and provide services for priority population adults interfacing with the criminal justice system.

Adult initiatives funded with Block Grant dollars directly served approximately 9,341 adults and provided education and support services to family members and other caregivers, along with service coordination, consultation and collaboration with the older adult service community, law enforcement, and the criminal justice court system.

$5,217,500 of CMHS Block Grant funding supplemented by state and other federal grant funding was expended for adult services in the following manner:

Funding Codes: S = State DMHDD Budget
BG = CMHS Block Grant
F = Federal Grant
O = Other State or Interdepartmental
OS = Other State Department Funding

Funding Note: Dollar figures shown are amounts allocated for FY05 and may not match total FY05 expenditure amounts in any one service/program/project or in total dollars spent.

Assisted Living Housing (BG) $210,000

Assisted living fills the gap in the continuum of housing available for adults with SMI who do not require the supervision of a Supportive Living Group Home, but do not yet possess the necessary skills for independent living. The programs consist of clustered apartment units, with one unit occupied by a live-in consumer "assisted living specialist" who serves as a supportive mentor to the other residents. The goal is to assist the consumer in a smooth transition to independent living. Funds support six assisted housing projects.

- 105 persons utilized assisted living apartments at eight (8) sites with thirty-six (36) units.

Consumer/Family Support Services (S/BG) $537,890

To develop consumer and family advocacy and support services that offer emotional support, education, and information to consumers with mental illness and their families. Includes BRIDGES and Journey of Hope.

- BRIDGES conducted 31 classes to 510 consumers with 200 graduates.
- Provided consumer support groups that served 3,602 consumers.
- Consumer advocates responded to 506 individual consumer requests and provided 140 training events with 2,569 consumers trained in self-advocacy skills.
- Journey of Hope curriculum revised and 76 teachers retrained.
- Journey of Hope conducted 28 classes with 277 family member graduates.

Co-Occurrence Project (S) $390,613

Supports an integrated approach to case management services for adults with co-occurring disorders of substance use and mental illness.

- Quarterly average of persons served is 60, or 241 persons served.
- Quarterly and annual average of service recipients maintaining community tenure is 93%.
- Quarterly and annual average of service recipient satisfaction is 93%.

Supports an integrated approach to vocational services for adults with co-occurring disorders of substance use and mental illness.

- Approximately 300 service recipients were served in a vocational program.

- Some 186 service recipients were successfully placed in employment.

Supports an integrated approach to education and training on co-occurring disorders of substance use and mental illness.

- Educational activities were provided to 52 agencies.
- A statewide conference on co-occurring disorders was conducted in Knoxville, with approximately 300 people in attendance.
- Information on co-occurring disorders was provided to over 900 e-mail requests.

Creating Homes Initiative (S/O) $2,702,500

DMHDD's Creating Homes Initiative (CHI) continues to expand. Units acquired range along a continuum from home ownership to supervised group housing options. A longitudinal research project to study the effect of stable, permanent housing on recovery was implemented, and baseline interviews were conducted with the study's 200 subjects.

- Total of 4,274 units developed since inception in February 2000.
- Over $93,000,000 leveraged for housing development.
- Addresses opposition to homes for people with mental illness in Tennessee neighborhoods through "A Place to Call Home" campaign.
- Maintains regional support, employment, transportation, and housing (SETH) facilitators in each of seven (7) mental health planning regions across the state.

Criminal Justice / Mental Health Liaison Projects (S/BG) $852,000

Provides interventions for adults with mental illness or co-occurring disorders of mental illness and substance abuse who are in jail or at risk of being jailed and promotes collaborative educational efforts between the criminal justice and mental health systems. Services include liaison/case management services, diversion activities, cross-training and education, and appropriate referral and linkage to follow-up services in the community. Goals are to enhance systems collaboration and cooperation, decrease recidivism, and ensure access to appropriate services. $476,000 in Block Grant funds, supplemented by $376,000 in state funding, provides nineteen projects serving twenty-three counties.

- Provided services to 2,826 consumers through 15,973 face to face and 8,140 phone contacts. Majority (84.7%) of face to face contacts occurred in jails.
- Published *What to Do When You Are in Trouble with the Law – a Guide for Mental Health Consumers in Tennessee*, a companion to *You Can Help When Someone with Mental Illness Has Been Arrested – A Guide for Family Members and Advocates in Tennessee*, published in FY04.
- Provided 61 mental health crisis management training sessions to 1,133 corrections, law enforcement, and transportation agent staff.
- Via the Tennessee Correctional Institute, an independent jail training and inspection agency created by state law, provided training on mental health and mental illness to 672 correction officers in 23 training events.
- Provided training and educational sessions to 509 additional persons including probation and parole staff, attorneys, mental health personnel, consumers, and family members.

Crisis Stabilization Unit (O) $1,000,000

The CSU is a non-hospital facility-based service that offers twenty-four hour intensive mental health treatment and short-term stabilization (up to 72 hours) for those persons whose psychiatric condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource. The purpose of this site is to provide an

alternative to inpatient psychiatric hospitalization and to divert service recipients, when clinically appropriate, from Moccasin Bend Mental Health Institute in Chattanooga.

- Served 682 admissions.
- Average length of stay = 2.65 days.
- Only 3.23% (22) of persons admitted required subsequent transfer to a psychiatric hospital.

Drop-in Centers (S/BG) **$4,697,615**

Consumer-operated sites provide a non-stigmatizing place to meet other mental health services consumers. Member planned activities provide opportunities for socialization, personal and educational enhancement, and emotional peer support for adults with serious mental illness. Funds support fifty programs serving eighty-four counties.

- Unduplicated monthly average attendance was 3,300 with approximately 180,000 total visits statewide.
- Persons attending a Drop-in Center for the first time totaled 2,100.
- Centers sponsored 13,735 structured, social, support and community activities during the year.

  (Note: Drop-in Centers were renamed Peer Support Centers as of July 1, 2005 reflecting a new recovery focus with less emphasis on socialization and a greater emphasis on educational and support goals within the individual's personal recovery plan.)

Emergency Shelter Grant (F/OS) **$100,000**

Provides financial assistance for a maximum of three (3) months for individuals coming out of shelters, institutions or other emergency homeless situations to assist in obtaining housing or preventing loss of housing.

- Provided 843 nights of shelter to a total of 349 individuals.
- Service recipients included 69 young adults age 18 or less.
- Approximately 70% were individuals with serious mental illness.

Housing Within Reach (F) **$435,237**

A federal Real Choice Systems Change grant project that establishes an access delivery system for coordinated housing information. A comprehensive Housing Within Reach website became active in April 2004 and is continuously updated to provide real time information on housing options availability, housing-related information for persons with disabilities and critical information for housing developers.

- During FY05, 21,761 visitors to the website viewed 31,148 pages.
- Currently conducting a longitudinal evaluative research project of 200 consumers with serious mental illness or co-occurring mental illness and substance abuse disorders to determine effectiveness of appropriate housing on the recovery process.
- Project includes a mass media campaign aimed at reducing the stigma of mental illness and misconceptions regarding community housing for persons with mental illness.
- Provided two housing academy events (September 2004 and March 2005) with a total of 310 participants.

HUD & Permanent Housing (S) **$1,299,265**

Congregate agency-administered group homes, and supported apartments. Allocation includes funding for support services and operating costs for 40 sites and 357 individual units of housing. (Includes three sites of permanent housing for the homeless.)

Independent Living Assistance (S) $602,000

Subsidy to assist persons with mental illness to attain and maintain housing, utilities, and needed medical, dental and eye care.

- Served 2,777 unduplicated individuals at 22 agencies.
- Subsidies provided assistance for the following needs: 48% rental supplement, 30% utility supplement, 7% rental deposit, 7% utility deposit, 6% dental care and 2% eye care.

Intensive Long-Term Support Program (S) $787,800

This project provides for a variety of intensive supports and services that meet the individual needs of service recipients discharged from a state psychiatric hospital to enable them to reside in a stable community placement with minimal re-hospitalization. Includes three group homes.

- Provided services to 83 individuals.
- Provides case management, clinical services, supervised housing and wraparound services as needed to maintain community tenure for adults with SPMI being discharged from inpatient care.

Older Adult Care Project (BG) $316,000

The projects provide professional mental health counseling and peer counseling to adults age fifty-five and over who are homebound or otherwise unable or unwilling to access traditional mental health services. Services may be offered in the individual's home or at a primary care site accessed by older adults. Staff either provide or refer individuals to the appropriate level of mental health services. Services are provided in collaboration between a CMHC and the aging community service system. Funds support four programs.

- Provided assessment and counseling services to over 388 seniors.
- Conducted 52 wellness groups for seniors in 25 community locations.
- Provided 18 community education outreach groups to approximately 488 participants.
- Collaborated with nearly 30 agencies providing services to seniors.

PASARR- Preadmission Screening and Annual Resident Review (F/O) $1,213,000

The Nursing Reform Act of 1987 requires all admissions to Medicaid-certified nursing home admissions be screened for mental illness and/or mental retardation related conditions. If indicated, further screening is performed to determine whether nursing home placement is appropriate or specialized services are needed.

- Evaluated a total of 5,274 individuals.

PATH – Projects for Assistance in Transition from Homelessness (S/F) $1,022,500

Program to provide outreach and case management services to adults with serious mental illness who are homeless or at risk of homelessness.

- Provided outreach contacts to 1,755 homeless adults.
- Provided homeless case management services to 1,337 adults with mental illness.
- Some 65% of discharges from program were transferred to other mental health services.

PATH has expanded from the four original urban programs to a total of ten projects, five of them serving smaller cities and rural counties.

Targeted Transitional Support (S) **$347,000**

Funding to six agencies to provide necessary services to allow adults eligible for discharge to leave state hospitals until entitlements can be received. (Includes $42,000 targeted to forensic patients.)

- Assisted 388 persons being discharged from state psychiatric hospital care.
- Made 700 payments on behalf of discharged individuals: 77% housing, 13% medication, 8% mental health services, and 2% other needs.

Transportation (S) **$300,000**

Funding for purchase and maintenance of vans for agencies supporting Drop-in Centers for transportation of consumers to the Drop-in Centers (Peer Support Centers) and planned activities.

- Approximately 80% of consumers responding to the annual Drop-in Center survey reported a reliance on center-provided transportation services in order to attend.

Children and Youth Services and Programs

Service needs for children and youth were identified in the annual needs assessment process as more access to professionals specializing in services to children, services to a broader range of school-age children (preschool through college), more in-home service options, more access to planned respite, programs for transitional age youth, and expansion of criminal justice liaison projects into the juvenile justice arena.

Gains were made in increased access to staff specializing in children's services through the use of telemedicine and BHO initiatives to hire specialists across the state with expertise in child behavioral health. An interagency workgroup continues to develop strategies for transitional service development and access alternatives, and the Criminal Justice Committee has developed a sub-committee on Juvenile Justice.

Community treatment options for children with SED have increased and a dedicated children and youth crisis service is in its second year of service. The Youth Crisis Services program reported a statewide inpatient diversion rate of 71%. System of Care initiatives statewide have also shown a positive impact on decreasing hospitalization rates of children.

Service initiatives for children have been developed including the expansion of Continuous Treatment Teams (CTTs) for children and youth, Comprehensive Child and Family Treatment Teams for high intensity, time-limited services to deter out of home placement or incarceration, and services for special populations of children and adolescents.

While serious emotional disturbances can require hospitalization for necessary adjustments or crisis situations, a major outcome of a comprehensive, community-based mental health system of care is the ability to provide early intervention and family-centered services within the home, school or other least restrictive environment. Intensive in-home services for at risk children, education and support for caregivers of children with serious emotional disturbances and other emotional and behavioral issues, and intensive, specialized interventions by children and youth crisis services programs all serve to impact the child's ability to remain in the family and community setting.

DMHDD, through the TennCare Partners Program, provides an assertive community treatment model for children and youth with SED who are at risk for out-of-home placement or present

with multiple needs from multiple agencies. The adolescent assertive community treatment teams have an average monthly census of approximately 520.

The number of children and youth receiving behavioral health services has been steadily increasing since FY02. TennCare enrollment remains available for children and youth under age 21 who meet eligibility requirements for Medicaid. Their benefits have not changed, and all services are available without limits as deemed medically necessary or as referred by EPSDT screening.

To address federally mandated performance indicators, TDMHDD tracks data on increased access to services, reduced utilization of psychiatric inpatient beds, evidence-based practices, and client perception of care. In FY 05:

- 50,408 children and youth received behavioral health services through the TennCare Partners Program, an increase of 2,171 from FY 04.
- 28,389 children and youth with SED were served, an increase from 25,320 in FY 04.
- 5.5% of children and youth in the priority population were admitted to a psychiatric acute care facility, a decrease from 6.1% in FY 04.
- there was an 11% rate for readmission to psychiatric inpatient hospitals within 30 days of discharge, a decrease from 13% in FY 04.
- the readmission rate was 22% within 180 days of discharge, a decrease from 24% in FY 04.
- 80% completing the Children/Family Survey reported positively about service outcomes. This represents an increase in satisfaction from 69% in FY 04.
- approximately 4,701 children and youth received a SAMHSA identified evidenced based practice.

(Note: Additional performance indicators can be found in the "Implementation Report of Mental Health Services in Tennessee for Adults and Children and Youth for the 2005 Community Mental Health Services Block Grant, July 1, 2004 – June 30, 2005".)

The 2005 CMHS Block Grant funding for services to children and youth under age eighteen (18) was allocated to eleven (11) private not-for-profit Community Mental Health Centers (CMHCs) and six (6) other community entities across the State. The Block Grant, as well as other federal and interdepartmental funding, was awarded to agencies by a basic grant. Services were targeted to provide early intervention and prevention services, suicide prevention, promote resilience and cultural competence, and provide caregiver respite services.

Children and youth initiatives funded with Block Grant dollars directly served approximately 23,439 children and youth, 3,045 teachers and 4,767 parents and other caregivers. While no direct service expansion was accomplished during FY05, services for children and youth continue to concentrate on early identification and intervention, school-based interventions planned respite and the advancement of systems of care for children and youth statewide.

$2,513,200 in CMHS Block Grant funding supplemented by state and other federal grant funding was expended for services for children and youth in the following manner:

AmeriCorps (F/OS) **$145,500**

In the AmeriCorps project, members work in the Regional Intervention Programs (RIP) with the staff and children.

- Twenty (20) RIP/AmeriCorps members worked at three (3) RIP sites.
- Provided services to 302 children both at RIP sites and in home and community settings.

- Conducted ten (10) community presentations about RIP, and staffed RIP exhibits at six (6) community events.

BASIC-Better Attitudes and Skills in Children (BG/S) $1,596,500

Project BASIC (Better Attitudes and Skills in Children) is an elementary school-based mental health early intervention and prevention service that works with elementary school age children (K-3) to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems. Children with SED are identified and referred for mental health services. Funds support BASIC programs at forty-three elementary school locations.

- Served 15,448 children and youth in 39 counties at 43 sites.
- Consultation, liaison and education services to 1,041 teachers.
- Identified 311 children with SED.

Co-Occurrence Project (S) $33,000

Supported the development and administration of a mental illness and substance use prevention curriculum named Project Alert for 6th through 8th grade students in Scott County.

- Prevention curriculum was provided to 2,709 students in five (5) middle schools.
- Ninety-nine (99) presentations were made.

Early Childhood Consultation (S) $184,027

The Early Childhood Consultation program provides mental health training and technical assistance services to childcare and early childhood centers across the three Grand Divisions of Tennessee.

- Provided training and technical assistance to 410 staff of 151 early childhood centers affecting 8,030 children.
- Provided mental health screening to 250 children.

Early Childhood Network (BG) $145,000

A collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children identified by families or community providers as SED or at risk of SED through a community system of care model. Funding supports projects in two counties that currently have RIP, BASIC, and Day Care Consultation and have identified gaps in services.

- Served 22 children in Maury County with wraparound services. This model program served as the template for an approved grant proposal for a countywide System of Care for children up to age 21.
- Partial year start-up program served 19 children in Rutherford County. The program is now fully staffed and operational.

Education and Training - Erasing the Stigma/Kids on the Block (S) $110,000

Promotes understanding of mental illness by providing education and information about mental health and mental illness to children and youth with SED, their needs and the needs of their families. Public awareness activities are presented to forums of youth and adults with the goal of promoting knowledge about mental health and reducing stigma.

- Total of 729 Kids on the Block and Erasing the Stigma presentations given.
- Some 4,868 adults and 48,264 children attended presentations.

Family Support and Advocacy (BG) **$337,959**

TN Voices for Children provides for a variety of education, support and outreach services regarding children with SED to parents and professionals across the state. Newsletters, a library service and Internet site are also available.

- Provided fourteen (14) support groups with 182 parent and caregiver participants.
- Parent contacts = 5,033; professional contacts = 6,662.
- Provided support and advocacy services to 641 families with 250 children and youth.
- Family outreach specialists gave 49 presentations to 1,074 participants.

Homeless Outreach Project (S) **$217,000**

Provided outreach and case management to families with children who are homeless to identify and refer those children and youth with SED or at risk of SED.

- Referred 272 homeless families to appropriate services through outreach.
- Provided case management services to 229 families with 496 children.
- Assisted 44% of families to secure permanent housing.
- Forty-nine percent (49%) of parents referred for mental health evaluation received treatment.
- Thirty-five percent (35%) of children referred for mental health evaluation received treatment.
- Twenty-five percent (25%) of children referred for EPSDT.
- Identified 19% of children as SED.

Jason Foundation (BG) **$77,500**

Provides a youth suicide prevention curriculum in middle and high schools across the state as well as for churches and other community organizations that work with children. Added 115 new locations in fourteen (14) counties. The Jason Foundation offers a Triangle of Prevention approach for awareness and prevention of youth suicide. The project addresses youth, parents, teachers, and educators from middle school to college in suicide awareness and prevention through educational programs and seminars.

- Total sites to date is 840, impacting an estimated 185,265 students.
- Parent/Teacher Seminars presented to 2,004 teachers and 2,202 parents.
- Youth Seminars presented to 2,550 students.

Mental Health 101 (BG) **$60,000**

Provides educational and support services for children of parents with serious mental illness and a mental health curriculum for middle and high school students.

- Provided a training program for children's support group facilitators from across the state.
- Provided 183 Mental Health 101 presentations in 27 schools to 5,036 students.

NAMI-Visions for Tomorrow (BG) **$47,500**

A program that provides education for families of children with SED, utilizing a train-the-trainer model, to empower parents and guardians to become advocates for their children.

- Seven (7) classes held in each of three (3) grand regions with 75 students receiving the curriculum.
- Trained 300 teachers in the Visions for Tomorrow curriculum.
- Provided fifteen (15) training events.

Nashville Connection System of Care (S/F) $1,320,000

A federal grant, supplemented with state dollars to provide a state infrastructure and on-going evaluation for a system of care for services to children and youth.

- Provides two (2) mental health liaisons to work in the school system.
- Served 43 schools with face to face contact with 588 children and 135 family members.
- Conducted sixty (60) child and family team meetings.
- Completed over 300 interviews with adults and youth.
- Provides continuous data entry and analysis of data collected from youth and families.
- Participated with other vendors (DMHDD, DCS, etc.) to coordinate resources, provide support, and strategize for sustainability.

PEER Power-Prevention Education Enhances Resiliency (F) $100,000

Grant program for grades 4-8 that strengthens youth resiliency through social skill enhancement.

- Provided PEER Power services in 70 classrooms in 7 counties in Middle TN.
- Provided 909 hours of direct classroom services with 18,115 contacts.
- Pre/post test results = 65% reduction in discipline referrals; 90% improvement in student behavior in at least one or more problem areas, and 90% overall positive student satisfaction.

Planned Respite (S/BG) $769,015

This is a program that provides respite services to families of children identified with SED, or dually diagnosed with SED and mental retardation, who are ages two to fifteen. Respite consultants provide short-term respite and work with the family to identify long-range respite resources. Individualized respite plans are developed with the family. The consultant enables families to develop community-based respite resources and utilize them effectively. Funding supports respite services in each of the seven mental health planning regions across the state. Included in the total is $30,000 that supplements state dollars to fund a voucher program to pay for respite services for children ages birth to eighteen of families who reside in Memphis/Shelby County.

- Provided planned respite services to 293 families for 364 children.

Regional Intervention Program-RIP (S) $990,041

A behavioral skills training program designed for the early treatment of children under age six with moderate to severe behavior disorders and their caregivers.

- RIP served 497 children from 444 families.

Renewal House – Strengthening Families (S/BG) $25,027

Renewal House offers residential care for addicted women and their children. Funding allows for on site early intervention, prevention, and counseling services to these children at high risk of SED or substance abuse when no other payer source exists to access services. Parenting classes, support groups and family enrichment are provided for family preservation. Therapeutic services are also provided for children when evaluations deem such services appropriate.

- Forty-five (45) children received on site therapeutic services.

Suicide Prevention (BG) $18,000

Funds supplement state dollars to support the Tennessee Suicide Prevention Network, a statewide coalition that developed and now oversees the implementation of strategies to

eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention.

TN Respite Network (O) **$88,175**

The Tennessee Respite Network is a statewide Respite Information and Referral service for families of children with SED or developmental disabilities. The Network also trains respite providers across the state and utilizes a computer database of respite resources available.

- The Network answered 1,405 calls for information and gave referrals to 344 families and 1,104 professionals.
- Approximately 263 families were served through the TennCare BHO respite subsidy program.
- Twenty-six (26) persons were enrolled in two training events.

OTHER STATE OR BLOCK GRANT FUNDED SERVICES

All-Hazards Disaster Response Training (S) **$13,000**

Funding to provide for certified courses in critical incident stress management (CISM) for peer first responders and behavioral health providers on CISM teams across the state.

- Trained 98 individuals – 8 in Group CISM; 45 in Individual/Peer CISM, 28 in Advanced CISM, and 17 in School CISM.
- Break-out of participants by discipline = 48% first responders (EMS, Fire), 16% public health nurses, 15% mental health staff, 12% school counselors, and 9% other.

Bioterrorism Planning (F/OS) **$7,000**

A federal grant to the Department of Health for statewide preparation for response to a bioterrorism event or a public health emergency. Includes hospital and community response planning.

- Provided one-day training: *Managing the Psychosocial Consequences of Chemical, Biological, Nuclear and Radiological Terrorism* – presenter: Steven M. Crimando, for 166 participants in Knoxville and East Tennessee.
- Attendees represented hospital staff, community medical practitioners, public health, mental health, law enforcement, federal agencies, university staff, emergency responders and others.

Cultural Competency (S/BG) **$44,200**

The cultural and linguistic competence initiative is an educational, awareness building, and competency based program to enhance agency and professional awareness of the impact of culture on positive outcomes of mental health services. The goal is to assure culturally and linguistically appropriate services that improve access, remove barriers, and eliminate disparities in the care received by racial, ethnic minorities, and other undeserved groups.

- Provided two-day mental health training events to 40 interpreters.
- Fifty (50) professionals attended seminars on “How to Work with an Interpreter”.
- Maintains a web-based list of interpreters available by county.
- Provided information and direction on the importance of an interpreter certification process.

Data Infrastructure Grant (S/F) **$142,000**

The SAMHSA Community Mental Health Data Infrastructure Grant goals are to: 1) enhance state capacity to report data required for the Uniform Reporting System (URS) tables and the National Outcomes Measures (NOMS) project, and 2) establish a formal collaboration with community mental health agencies to participate in submitting data that will meet their needs for clinical and quality of life outcome measurements and meet the State's need to report on data that is currently not being collected within the delivery system.

- Develops policies, procedures, and data systems at the state level and advocates for an adequate state data system and access.
- Provides data within the national Uniform Reporting System (URS) on Basic and Developmental Tables.
- Collaborated with TAMHO to garner state, federal and provider support and plan for a survey tool to be used to meet outcome measure needs from the individual clinical level to the aggregate state level and to complete all URS tables and National Outcomes Measures.

Emergency Response Capacity Grant (F) **$99,999**

A SAMHSA grant to enhance state-level capacity for a coordinated response to behavioral health service needs in the aftermath of large-scale emergencies through development of a collaborative infrastructure and county response plans.

- Over two years, eight part-time staff worked in 82 counties to initiate letters of agreement, develop mutual aid plans, and provide resource access information and response protocols to build collaborative community partnerships with local emergency management, local emergency planning committees, red cross chapters, first responders, local government, and other community providers.
- A Disaster Response Coalition was developed in the Knoxville area.
- Grant extension was approved through May 2006.

Forensic Evaluations – Inpatient (S) **$23,469,750**

Adult criminal court and juvenile court evaluations for competency to stand trial and/or to assess mental status at the time of the offense for persons whose evaluation cannot be completed on an outpatient basis.

- State psychiatric hospitals and three (3) other hospitals or residential service entities provide inpatient evaluation services.
- Provided Forensic Certification to 67 state psychiatric hospital staff.
- Provided 430 adult inpatient forensic evaluations.
- Provided 525 juvenile inpatient evaluations.

Forensic Evaluations – Outpatient (S) **$1,207,950**

Adult criminal court and juvenile court evaluations for competency to stand trial and/or to assess mental status at the time of the offense for persons in jail or in the community.

- Ten (10) community mental health agencies are contracted to provide individual evaluation and necessary court services.
- Provided Forensic Certification to 16 community mental health professionals.
- Provided 2,056 adult outpatient forensic evaluations.
- Provided 48 juvenile outpatient evaluations.

TN Suicide Prevention Network (S) **$146,000**

The Tennessee Suicide Prevention Network (TSPN) is a statewide coalition of agencies, advocates and consumers developed to oversee the implementation of strategies to

eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention.

- Provided QPR (Question, Persuade, Refer) Gatekeeper training to approximately 700 individuals.
- Provides eight (8) Survivors of Suicide support groups across the state.
- Assures implementation of TN suicide prevention strategies through nine (9) regional committees.
- Maintains an information website with additional activities at www.tspn.org.

DMHDD Facilities

The DMHDD owns and operates five Regional Mental Health Institutes (RMHIs) which provide inpatient psychiatric services, including evaluation, treatment and discharge planning to persons with mental illness or serious emotional disturbance who meet statutory criteria for hospitalization. The RMHIs provide acute treatment focused on stabilization of psychiatric symptoms and resolution of crisis situations and discharge to aftercare services when the service recipient can safely be moved to a less restrictive environment. The RMHIs provide sub-acute treatment for service recipients whose conditions are less responsive to treatment and require longer hospitalization. The Institutes also conduct court-ordered inpatient evaluations.

State hospitals account for less than 25% of children and youth admissions. The behavioral health organizations (BHOs) contract with sixteen (16) psychiatric hospitals to provide inpatient care to children and youth; only two (2) are state psychiatric facilities still serving children and youth.

RMHI beds are filled with involuntarily committed service recipients. Demand for community mental health services exceeds supply, which contributes to over-utilization of inpatient services. Admissions increase as individuals are unable to access outpatient services before a crisis emerges. Discharges may be delayed if adequate aftercare housing, treatment, and support services are not readily available. Over-utilization of inpatient services negatively affects the RMHIs' capacity to timely honor court-ordered forensic evaluations under TCA 33-7-301(a) and 7-301(b).

To lower the RMHIs' workload, demand for inpatient services must be decreased and other inpatient services must be increased. The department is working to decrease demand by promoting the development of housing, crisis intervention services, and more readily available outpatient services for people with mental illness or serious emotional disturbance. The department continues to work with private providers to increase the availability of private inpatient mental health services.

In FY 2005, the General Assembly approved funds to build a replacement facility for Western Mental Health Institute in Bolivar. The age and design of the existing facility has made efficient operation extraordinarily difficult because of the deteriorating physical plant and infrastructure and the related high maintenance and staff requirements.

FISCAL YEAR 2005

Statistical Data
Regional Mental Health Institutes

	Lakeshore	Middle Tennessee	Western	Moccasin Bend	Memphis	Total
Admissions	3,085	4,158	2,261	3,005	1,581	14,090
Discharges	3,105	4,196	2,240	3,022	1,583	14,145
Average Daily Census	166	267	242	120	93	888
Cost Per Occupancy Day*	$504.96	$475.92	$416.11	$586.00	$699.32	$503.92

*Last column indicates average cost per day for all institutions.

DMHDD Financial Picture FY 2005

REVENUE		**Percent of Total Revenue**
Appropriations*	$121,157,000	54.0%
Federal	$18,035,100	8.0%
Current Services	$58,749,300	26.2%
Inter –Departmental	$26,544,400	11.8%
Total	**$224,485,800**	**100.0%**

* Appropriations includes Reserves

EXPENDITURES		**Percent of Total Expenditures**
Administrative Services	$12,683,000	
Major Maintenance & Equipment	$318,300	
Subtotal	**$13,001,300**	5.8%
Community MH		
Subtotal	**$47,740,300**	21.3%
Mental Health Institutes		
Lakeshore MH	$30,533,100	
Middle TN MHI	$46,450,500	
Western MHI	$36,692,600	
Moccasin Bend MHI	$25,666,700	
Memphis MHI	$24,401,300	
Subtotal	**$163,744,200**	72.9%
Total	**$224,485,800**	**100.0%**

TDMHDD PLANNING AND POLICY COUNCIL

The TDMHDD Planning and Policy Council met on August 24, 2004, November 9, 2004, and June 28, 2005. The quarterly meeting scheduled for March 1, 2005 was cancelled because of inclement weather. Bob Benning was appointed Chairman of the Council in August.

At the August meeting, the Chairman reviewed the Council's purpose and legislative mandates, which include: advising the Commissioner, budget recommendations, the planning process, and advocating and publicizing the needs of people with mental illness, serious emotional disturbance (SED) or developmental disabilities.

The Commissioner asked the Council to carefully consider the TennCare Partners Program reforms and to submit comments to be included in a coordinated set of recommendations for the Administration.

DMHDD collaborated with the Executive Committee of the Mental Health Planning and Policy Council to conduct two rounds of meetings across the state to gather feedback from consumers, families, providers, advocates and other state agencies on the DMHDD System Design Project. A vision statement and a number of policy goals were developed. The refined goals are, in rank order:

- Equitable funding and resources across regions to meet unique community needs
- Emphasis on prevention, treatment and rehabilitation to achieve recovery and reintegration
- Interagency cooperation and coordination to promote holistic care with uniform standards
- Consumers, families and providers work as partners to plan treatment and achieve outcomes
- Shared accountability by all elected officials; DMHDD is point of authority for funding and operation of the public system in a manner that promotes policy goals (A recurring theme is the limitations of using TennCare/federal funds.)
- The public funded system will provide a comprehensive array of services that:
  - Meets individual needs
  - Can be accessed in a timely manner
  - Is sufficient to prevent or ameliorate disability
  - Promotes mental/emotional wellness
  - Has a unified structure across age groups

The Council was asked to make recommendations about next steps and to identify other service gaps.

A new strategy was added to the Three Year Plan based on a recommendation from the Council's Dual Diagnosis Task Force that the Commissioner will collaborate with the Deputy Commissioner of DMRS to develop an interagency agreement or memorandum of understanding (MOU) to assure integrated services are available for persons with a dual diagnosis of mental illness and developmental disabilities.

The Mental Health Planning and Policy Council (MHPPC) gathered information about behavioral health organizations in each region that may provide funding or services for consumers who may be impacted by proposed changes to TennCare and used this information to develop a behavioral health resource list.

At the end of September, the BHO advised 25 providers about a series of contract changes, i.e. housing developer and job developer grants that will no longer be funded; group home legacy grants will be taken out of provider agreements if the dollars were going to fund room and board and not direct clinical housing supports; only one level of payment for supervised residential housing; change in structure for the funding of the psych rehab programs; funding for C&Y liaisons assigned to mobile crisis teams removed from provider agreements; and reduction in rates for continuous treatment teams.

In response, the TDMHDDPPC Executive Committee met several times in October to develop recommendations. Initially, the Committee recommended that DMHDD (1) take an intensive look at the impact on consumers statewide; (2) offer technical assistance for providers who request it to effectively deal with these changes and, if the provider requests, be present at negotiations between the provider and Magellan to assist in administrative documentation and tracking of potential impact to TennCare enrollees; and, (3) prepare a fact sheet with clear definitions regarding covered Medicaid services.

Ultimately, the Executive Committee developed a position paper, submitted to Commissioner Betts on October 29, 2004, offering the following recommendations:

- the Department and BHO should assess the impact upon service recipients and the mental health service system, from both a clinical and legal perspective
- the Department and BHO should analyze encounter data by each service area taking into account the urban and rural differences
- the Department and BHO should assure that service recipients are not forced into lower quality, more restrictive programs as a result of the changes
- to assure that quality of care is not compromised, the Department should scrutinize suggestions or recommendations to changes in the SSOC standards to facilitate cost reduction
- efforts to address the anticipated IMD loss should be concluded before authorizing the $60 million expenditure for a new institute
- rather than a hard deadline of December 1, changes should be effective thirty days after an agency completes negotiations (or on a case by case basis)
- the Department should be prepared to halt the process if consequences to service recipients are beyond what the system can tolerate and/or legally allow.

The Commissioner asked the Council to help the Department determine, on a fundamental level, what it is that people need. She asked the Council to identify necessary services and where cuts could be made, hypothetically, as if the Partners Program medical loss ratio (MLR) were 92% and had to be no more than 88%.

The Chairman reviewed Council Roles and Responsibilities at the November 2004 meeting. There is a connection between what is going on at the TennCare Partners Roundtable, the regional and state planning and policy councils, and the DMHDDPPC, which brings recommendations to the Commissioner. Even though the full Council meets only four times a year, the Executive Committee is very committed to tracking issues closely, based on information received from all the entities in the planning process.

Members should be educated on the Three Year Plan and its development process. Council members can relay that information to their regions. It is also important for the members to know about obstacles or problems that prevent objectives from being met.

The Commissioner recommended that the committees and councils be streamlined. She asked the council members to consider what the best interface would be to get all the necessary input from all the stakeholders. The Chairman agreed to meet with the chairs of the state councils and the chairs of TennCare Partners Roundtable to discuss the entire committee structure.

In November 2004, the Chairman sent a letter to the Governor and Executive Director of the Tennessee Justice Center on behalf of the council to encourage negotiations to save the TennCare program and to offer assistance of the Council. The Council was concerned that a return to Medicaid would have serious negative consequences for adults with mental illness and children with serious emotional disturbance.

In March 2005, the Council held a special called vote to address the recommendation from the Mental Health Planning and Policy Council to exclude and/or exempt mental health services from the proposed TennCare benefit limits. The motion was unanimously endorsed by the TDMHDD Council, and the Chairman communicated this request in a letter to the Governor.

Recommendations for the Three Year Plan revision were submitted by the Mental Health regional and state planning and policy councils and the Developmental Disabilities regional and state planning and policy councils to the Planning Committee of the TDMHDDPPC. The Planning Committee reviewed this information and added its own recommendations. At the June meeting, the Planning Committee recommended support of all objectives and strategies in the draft Three Year Plan document. The Planning Committee also recommended adding two strategies to the plan. One was to explore ways to enhance and monitor the telehealth network. The other was to establish a quality and funding review committee to determine the impact of lack of financial resources to supportive living facilities, including facilities for persons with developmental disabilities, for treatment, supervision, support and socialization.

The Council voted to recommend that the Planning Committee be charged with reviewing activities in the Three Year Plan that are carried over into the next year and interfacing with the state and regional councils on issues concerning disenrollment and future disenrollment. The Service Delivery committee was charged with addressing system of care access issues, standards of care for psychiatry, caseloads for case management, therapy sessions and financing of the system, due to no cost of living increases for any providers.

The Developmental Disabilities Planning and Policy Council developed a formal recommendation to the Department to request funds for services for people with developmental disabilities. The TDMHDD Council ranked this as its number one budget priority. Budget improvement priorities, extrapolated from the Three Year Plan, were ranked by Council members in August and compiled and prioritized by the Budget Committee. Recommendations were submitted to the Commissioner with advice about which items to pursue for improvement requests. The original budget instructions stated that improvement requests could be submitted, then the Department of F&A sent instructions stating departments should indicate how much money could be reverted, and that improvements had to be balanced with cuts elsewhere.

The Department developed a second improvement request with only those items deemed necessary for the system and for the Department to continue its operations. The top priority was to continue the System of Care project. The second priority was replacement of the federal Housing Within Reach grant. The third improvement addressed co-occurrence by providing challenge grants to community providers to match with local fund raising and provide services on a sliding scale basis. The next two priorities, the employment initiative and Family Support

services for people with developmental disabilities, were based on recommendations of the Council. The last two funding requests were "housekeeping" measures. One will convert a psychiatrist position at WMHI into two nurse practitioner positions, to be funded with equity from the physician salary. The last item was for positions at the RMHIs and an accounts receivable module for BHIS to strengthen the collection process for Medicare revenues.

In June 2005, the Council received details of the approved budget for FY2006. There were essentially no improvements included, although there were several new positions to collect Medicare revenues, a requirement the Department must meet. The IMD exclusion was funded for those who remain in the program in TennCare's budget. The project to rebuild WMHI was included in the Capital budget, for a total of $56 million. No funds were approved for DD services.

Attendance:

August 24, 2004
Present: Lori Abbott, Dr. Bill Allen, Wanda Baker, Bob Benning, Carolyn Cowans, Sita Diehl, Dr. Bobby Freeman, Vickie Harden (for Michael Cartwright), Turner Hopkins, Joe Marshall, Sheryl McCormick, June Phillips, Don Redden, Floyd Stewart, Carol Westlake, Jim Whaley, Evelyn Yeargin
Absent: Carl Brown, Dr. Frank Cardona, Michael Cartwright (represented), Dr. Jim Causey, Joe Fisher, Mary Beth Franklyn, Katy Gammon, Pam Jackson, Janet Jernigan, Rep. Mark Maddox, Emma Martin, Dr. Herb Meltzer, Dr. Stephanie Perry
Guests: Don Voth, Vice President, Mental Health Planning and Policy Council; Steve Norris, Deputy Commissioner, Division of Mental Retardation Services (DMRS)

November 9, 2004
Present: Lori Abbott, Bob Benning, Comm. Virginia Trotter Betts, Dr. Jim Causey, Sita Diehl, Dr. Bobby Freeman, Don Redden, Katy Gammon, Janet Jernigan, Ira Lacey (for Stephanie Perry), Joe Marshall, Sheryl McCormick, Carol Westlake, Jim Whaley, Diane Yelton (for Mary Beth Franklyn)
Absent: Dr. Bill Allen, Wanda Baker, Carl Brown, Dr. Frank Cardona, Michael Cartwright, Carolyn Cowans, Joe Fisher, Turner Hopkins, Pam Jackson, Rep. Mark Maddox, Emma Martin, Dr. Herb Meltzer, June Phillips, Floyd Stewart, Evelyn Yeargin
Guests: Don Voth

June 28, 2005
Present: Lori Abbott, Dr. Bill Allen, Bob Benning, Ernestine Bowers, Dr. Jim Causey, Dr. Bruce Davis (for June Phillips), Sita Diehl, Turner Hopkins, Pam Jackson, Janet Jernigan, Ira Lacey (for Dr. Stephanie Perry), Joe Marshall, Sheryl McCormick, Don Redden, Dr. Judy Regan, Carol Westlake, Evelyn Yeargin
Absent: Wanda Baker, Dr. Frank Cardona, Michael Cartwright, Carolyn Cowans, Joe Fisher, Mary Beth Franklyn, Dr. Bobby Freeman, Katy Gammon, Rep. Mark Maddox, Emma Martin, Dr. Herb Meltzer, Dr. Stephanie Perry (represented), June Phillips (represented)

Summary

In summary, our report evidences the fact that DMHDD uses its resources as wisely as possible and seeks to maximize all available funding. Our Department makes diligent efforts to take

whatever resources are available and direct that funding toward providing science-based, basic high quality mental health services that meet the needs of Tennesseans, especially those with Serious and Persistent Mental Illness and Serious Emotional Disturbance, our priority populations.